

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/87/601

FILING DATE

06/09/97

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		2				
2	/						52		2				
3							53		2				
4							54		2				
5							55		1				
6							56		1				
7							57	/					
8							58		1				
9							59		0				
10							60		0				
11							61		2				
12							62		2				
13							63		2				
14							64		2				
15							65		1				
16							66		1				
17							67	/					
18							68		1				
19							69	/					
20							70	/					
21							71	/					
22							72	/					
23							73		1				
24							74		1				
25							75		1				
26							76	/					
27							77	/					
28							78		2				
29							79		2				
30							80		0				
31							81	/					
32							82	/					
33							83		2				
34							84		2				
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	12					
TOTAL DEP.							TOTAL DEP.	128					
TOTAL CLAIMS							TOTAL CLAIMS	140					